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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000066104 (6)

1. Corporation Name
DIVOT GOLF REALTY COMPANY

Principal Place of Business
3811 WEST SLIGH AVENUE
TAMPA FL 33614

Mailing Address
P.O. BOX 172067
TAMPA FL 33672

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/06/1996
4. FEI Number: 59-3399354 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business
21 201 N. Franklin Street
Suite, Apt. #, etc.
22 SUITE 200
City & State
23 Tampa, Florida
24 Zip 33602 25 Country U.S.A

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
29 Zip 30 Country

9. **Name and Address of Current Registered Agent**
SCHROEDER, VERNON T
3811 WEST SLIGH AVENUE
TAMPA FL 33614

10. **Name and Address of New Registered Agent**
81 Name: ST. CLAIR, JOHN DOUGLAS
82 Street Address (P.O. Box Number is Not Acceptable): 201 N. Franklin Street
83 Suite 200
84 City: Tampa FL 85 Zip Code 33602

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE John Douglas St. Clair / John Douglas St. Clair - Vice President June 4, 1998
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PDA	☒ DELETE
NAME	MILLER, KATHLEEN	
STREET ADDRESS	P.O. BOX 172067	
CITY-ST-ZIP	TAMPA FL 33672	
TITLE	DB	☐ DELETE
NAME	ST. CLAIR, JOHN DOUGLAS	
STREET ADDRESS	P.O. BOX 172067	
CITY-ST-ZIP	TAMPA FL 33672	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	CELLURA, JOSEPH	
1.3 STREET ADDRESS	201 N. Franklin Street, Suite 200	
1.4 CITY-ST-ZIP	Tampa, Florida 33602	
2.1 TITLE	VP	☒ Change ☐ Addition
2.2 NAME	ST. CLAIR, JOHN DOUGLAS	
2.3 STREET ADDRESS	201 N. Franklin Street, Suite 200	
2.4 CITY-ST-ZIP	Tampa, Florida 33602	
3.1 TITLE	P/D	☐ Change ☒ Addition
3.2 NAME	SHARP, PETER	
3.3 STREET ADDRESS	201 N. Franklin Street, Suite 200	
3.4 CITY-ST-ZIP	Tampa, Florida 33602	
4.1 TITLE	C/CEO/D	☐ Change ☒ Addition
4.2 NAME	BAGNALL, CLIFFORD	
4.3 STREET ADDRESS	201 N. Franklin Street, Suite 200	
4.4 CITY-ST-ZIP	Tampa, Florida 33602	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph R. Cellura Director 6/3/98 813 251-1611